

# Reviewing the Health Benefits Package in Nelam Pradesh: methodology case study

Laura Downey

IDSi

Peter C. Smith

Imperial College London and  
University of York

# Nelam Pradesh

- Annual per capita income of approximately \$USD890
- Life expectancy at birth is 68yrs for males and 71yrs for females
- 4.7% percent of its budget on health services
- 43% of its total budget from the Central Government
- High burden of infectious diseases
  - HIV/Aids and Tuberculosis (together 29.9% of total disability-adjusted life years (DALYs) lost in 2016)
  - lower respiratory disease, diarrheal disease, and common infections (together 16.5%).
- Growing burden of non-communicable diseases (39.0% of total DALYS lost in 2016)
  - Cardiovascular disease (10.9%)
  - Diabetes and endocrine disorders (together 4.6%)
  - Chronic respiratory disease (6.6%).

# The National Health Benefits Package

- The three key objectives are:
  - To provide a standard package of basic services that forms the core of service delivery in all healthcare facilities.
  - To promote equitable access, especially in underserved areas.
  - To afford the most vulnerable in India with financial risk protection from catastrophic health expenditure.
- The Government of Andhra Pradesh is responsible for the roll-out and implementation of AB-PMJAY across the State. This requires careful consideration regarding convergence of the new scheme with existing schemes, and thorough assessment of likely costs and annual budget impact in the context of limited available resources.

# The Nelam Pradesh response

- The Nelam Pradesh government has appointed a high-level committee, coordinated by the Ministry, to oversee the review and adaptation of the HBP, and to make annual recommendations for implementation to the Chief Minister of Health.
- The committee is advised by a Health Technology Assessment (HTA) Bureau within the ministry's Department of Health, HTAIn, which undertakes relevant technical analysis and assists the committee in appraising the evidence and forming its recommendations.

# Case 1

- Arthrimumab, a hospital-based TB therapy is currently included in the HBP package. However, it is estimated that only 27% of the relevant patient group secure access to the treatment, in obvious breach of the principle of universal health coverage and the objectives of the HBP. It appears that the main access difficulties arise in the remote rural areas in the south-west of the state, where it is particularly difficult to persuade health care professionals to work. The Committee asks local research partners to examine the consequences of trying to improve access to the treatment.

# Case 2

- Inbatofen, a diabetes control medicine, is currently not included in the HBP, because of an absence of cost-effectiveness evidence. A recent study has suggested that the incremental cost-effectiveness ratio (ICER) may in fact be approximately \$313 per DALY. However, that study was undertaken on a limited sample of patients in Thailand, aged under 50, with no comorbidities, and there is a high degree of uncertainty in the estimate. The Committee asks the HTAIn to assess the applicability of existing analyses to the context in Nelam Pradesh and to examine how to implement the treatment.

# Case 3

- Cetamaxid deworming treatment is currently included in the HBP, because estimates suggested an ICER of \$176 per DALY. However, a recent large study from a neighbouring country has estimated an ICER closer to \$810 per DALY. If this is the case, it may suggest that inclusion of the treatment in the HBP should be reconsidered. The Committee asks local research partners to conduct some analysis on the implications of removing the treatment from the HBP.